



Office for Victims of Crime
Training and Technical Assistance Center

Application Cover Page		
Date _____ Type of Assistance Requested " Training " Technical Assistance " Speakers Bureau		
Name of Applying Agency		
Address _____ Street Address		
_____	_____	_____
City	State	ZIP Code
Contact Person _____ Name Title		
Phone Number	Fax Number	E-Mail
Type of Agency	" Local " State " Federal	" USAO " OVC
	" Private, Non-Profit " Public	
State VOCA Administrator		
State Compensation and Assistance Director		
District U.S. Attorney		
Are you an OVC/VOCA Grantee or Subrecipient of VOCA funding? " Yes " No		
Event Date	Time(s)	Duration
Location of Event _____ Name of Location (if known) Location Phone Contact (if known)		
Location Address		
Brief Description of Event (75 words or less)		
How did you hear about TTAC?		
Have you previously submitted an application to TTAC? " Yes " No If so, when?		
_____	_____	_____
Agency's Executive Officer	Signature	Date